

New Hampshire Pari-Mutuel Commission
78 Regional Drive, Concord, NH 03301
Telephone: (603)271-2158 Fax: (603)271-3381
Bingo / Lucky 7 Charitable Organization Data Verification

1. **Name of Charitable Organization:** _____
a. Organization Telephone # _____ b. Fax # _____ c. E- Mail _____
Organization ID # _____
2. **Full Legal Address of Charitable Organization:** _____
a. Full Mailing Address: _____ City/Town: _____ Zip Code: _____
3. **Head of Charitable Organization:** _____ Date of Birth: _____
a. Position/Title: _____
b. Address: _____ City/Town: _____ Zip Code: _____
c. Telephone (home): _____ (business): _____
4. **Organization Chairperson:** _____ Date of Birth: _____
a. Position/Title: _____
b. Address: _____ City/Town: _____ Zip Code: _____
c. Telephone (home): _____ (business): _____
5. **Organization Treasurer:** _____ Date of Birth: _____
a. Address: _____ City/Town: _____ Zip Code: _____
b. Telephone (home): _____ (business): _____
6. **Address where Bingo and/or the sale of Lucky 7 tickets will be conducted:** _____
7. **Day(s) of the week that Bingo is normally operated:** _____ **Playing Time:** _____
8. **Name of Hall Manager:** (if applicable) _____
a. Address: _____ City/ Town: _____ Zip Code: _____
b. Telephone (home): _____ (business): _____

** RSA 287-E:5 (b) Only bona fide members of the charitable organization will operate the bingo games.
** RSA 287-E:5 (d) Maintain a current list of bona fide members.

Under penalty of perjury, I certify that the above information is true, accurate, and complete.

Signature of Authorized Official: _____ **Title:** _____ **Date:** _____

PLEASE COMPLETE AND RETURN THIS DATA VERIFICATION WITHIN 10 WORKING DAYS.
Please notify this Commission in writing should there be any changes in the above information.